ANY INQUIRIES CONCERNING THIS
FILING MAY BE REFERRED TO
BLOOSTON, MORDKOFSKY, DICKENS,
DUFFY & PRENDERGAST, LLP
2120 L STREET, N.W.
WASHINGTON, D.C. 20037
(702) 659-0830

FCC 395

FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est time per response; 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

SECTION 1 - General Infor	mation				(Please read	instructions be	fore comple	ting and for N	otice regarding	public burd	en.]						
1 Name and Making Addre	-																
Airwave Wireless P.O. Box 48 Kimball SD 57355													Check here if this le a change of address.				
2. Year Report Filed			3. Reporting	Period (Ending Date of Pay 4 Number of Full-Time Employees during Selected													
2019		mploye				Reporting Period (check one). a [2] Fewer shan 16 (complete Sections I, IV, and V only) b. [1] 16 or more (complete all sections)											
SECTION II - Full-Time Em	Noyee	ş															
		Number of Employees (Report employees in only one category)															
Job			Race/Ethnicity														
Categories		Hisp	enic or					Not-Hispanic or Latino									
		-		Mele						Female							
		Male	Female	White	Black or African American	Netive Hawatten or Other Pacific Islander	Asian	American Indian or Alseks Native	Two or more races	White	Black or African American	Native Hewalien or Other Pecific Islander	Asian	American indian or Alaska Native	Two or more reces	A-N	
		A	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1															0	
FirstMid-Level Officiels and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5															0	
Creft Workers	6															0	
Operativeo	7															0	
aborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11															0	

Revised December 2007

Job Categories									Race/Ethnicity	y							
		Hispanic or Latino			Not-Hispanic or Latino											Total	
		"	eeno			М			Fernale						Columna		
	Male	Male	Female	ernale White	Bleck or Affican American	Native Hawailen or Other Pacific Islander	Asien	American Indian or Aleska Native	Two or more races	White	Black or African American	Native Hawalian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N	
		Α	В	C	D	E	F	G	н	ļ	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1															0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5															0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11															0	
SECTION IV - Report of Dis	rimin	tion Compl	einta Pursus:	nt to 47 CFf	22,321, 23,5	5, 90,168, 101,	4, and 101.1	111.									
This is to advise company before This is to advise (Attach a 6st indi	the Co any bo the Co	mmission the dy having on mmission the	nt no complain repatent jurisd at the following	its regarding fiction in suc pompiaints	violations of the matters durk alleging violati	ne equal emplo ng the calenda one of the pro	yment provisioners	sions of Feder ad by this repo	ori. syment apportu	mily statute	have been ille	d against this	company.				
SECTION V - Certification certify that to the best of my	movdo	don informal	Bon and bake	l all chatam	anta en Blis enn	od ara inia se	d corner										
Sola			imms of Perso	.,	este III atta (III)	201 20 20 0 0 0 0 pm	Skonsture							Telephone No			
05/28/2019		rk Bent		er angrinning	N A					V	(605) 778-6999						
itle of Person Signing President					MILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).												
															Revised Dece	FCC 395 mber 2007	

Number of Employees (Report employees in only one category)

SECTION III - Part-Time Employees.